

Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup> SUITE 1A  
 DES MOINES, IA 50319  
 2009 JAN 27 PM 1:26:4073  
 www.iowa.gov/ethics



## FORM-GS

Gift or Bequest Information received  
 by a department or accepted by the  
 Governor on behalf of the state

For office use only

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OR REQUEST:

Glenwood Resource Center	
Name of Department or Office	Glenwood, IA 51534
711 South Vine Street	City, State, Zip Code
Mailing Address	
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kelly Brodie, Interim Superintendent	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary	
Name	
Wm. Thompson #703	Bridgewater, IA 50837
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1/23/09	\$130.00
Date of Gift or Bequest	Amount/Value
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

130 handcrafted valentines to be given to clients.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

Revised 06/08

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

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**FORM-G8**

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For office use only

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

Glenwood Resource Center

Name of Department or Office  
711 South Vine Street

Glenwood, IA 51934

City, State, Zip Code

Mailing Address

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Kelly Brodie, Interim Superintendent

Name

City, State, Zip (if different from above)

Mailing Address (if different from above)

Area Code &amp; Telephone Number (if different from above)

Email Address

**DONOR OF GIFT OR BEQUEST:**

The Pepsi Bottling Group

Name

4803 S. 72nd Street

Omaha, NE 68127

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

1/27/09

\$30.00

Date of Gift or Bequest

Amount/Value

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Three ballcaps for client use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date